

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 007 009

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
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35		1				
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39		1				
40	1					
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
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60		1				
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90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						